

Vignette Modules

Bihar Evaluation of Social Franchising & Telemedicine

1	State Name	BIHAR			
2	ftys dk uke District Name	<i>English</i>	2a	District ID ftys dh vkblh	<input type="text"/> <input type="text"/>
3	xkp dk uke Village Name	<i>English</i>	3a	Village ID xkp dh vkblh	<input type="text"/> <input type="text"/> <input type="text"/>
4	Dyhfud dk uke Name of Clinic	<i>English</i>			
4a	Dyhfud dh vkblh Clinic ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5	ikoblj dk uke Provider Name	<i>English</i>			
5a	ikoblj dh vkblh Provider ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
6	saraki tarik (idna/ mhnar vda) Date of Survey DD/MM/YYYY format	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
7a	nyabr 1 kl Aa[-DI] Enumerator 1 ID	<input type="text"/> <input type="text"/>	7b	nyabr 2 kl Aa[-DI] Enumerator 2 ID	<input type="text"/> <input type="text"/>

VIGNETTE MODULE

Case 0 (reserve case): A 45-year old man comes to you. The man complies with all tests and medications that you recommend and will return to you if you require.

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Patient: Doctor, I have been suffering from a runny nose (naak se pani aa raha hai), malaise (susti), and some irritation in the throat (gale mein khich khich).

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Case I: A young father brings his two year old male child to you; they will comply with all tests and medications you recommend. If necessary, the patient can return to your clinic as well.

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Father: "Doctor, my child has been suffering from diarrhea for the last two days. Please give him some treatment."

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Case II: A 40-year-old man comes to you. The man complies with all tests and medications that you recommend and will return to you if you require.

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Patient: Doctor, I have been suffering from a fever (bukhar), cough (khasi), weakness (kamzori), and weight loss (wajan ghatate jaa raha hai) for the last month.

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Case III: A young father brings his two year old male child to you; they will comply with all tests and medications you recommend. If necessary, the patient can return to your clinic as well.

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Father: "Doctor, my child has been suffering from fever and cough for the last five days. He seems like he is also has some breathing trouble (baccha sans nahi le paa raha hai) Please give him some treatment."

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Case IV: A 40 yr old man comes to you. The man complies with all tests and medications that you recommend and will return to you if needed.

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Patient: Doctor, I am suffering from fever (bukhar) and weakness (kamzori). Have also been having weight loss (wajan ghatate jaa raha hai)

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VIGNETTE MODULE

Case I: A young father brings his two year old male child to you; they will comply with all tests and medications you recommend. If necessary, the patient can return to your clinic as well.

Child: "Doctor, my child has been suffering from diarrhea for the last two days. Please give him some treatment."

Father: "Doctor, my child has been suffering from diarrhea for the last two days. Please give him some treatment."

History: "My child has been suffering from diarrhea for the last two days. Please give him some treatment."

Question Number I oky I 4; k	Type of Questions I okydk idkj	Provider Response Asked 1 Did not Ask 2 i kskbmj us i nk %1 ugha i nk %2	Patient Record ejht dk fjdkMz
H History Section bfrgkl I 0'ku			
H1	Does the child have fever? Is the child warm? D; k cPps dks c[kkj g@D; k cPpk xeZ gS	<input type="checkbox"/>	No ugha
H2	Is the urine normal? / Urine color D; k i sKc l kklj; gS@i sKc dk jx\	<input type="checkbox"/>	Yes / slight yellow gk@gYdk ihyk
H3	When did the child last urinate? cPpus vkf[kjh kj dc i sKc fd; k Fk\	<input type="checkbox"/>	3 hours ago 3 ?KVC igys
H4	Nature of stool nLr@i sKc dS k gS	<input type="checkbox"/>	Watery; Yellow ikuh tS k vS ihyk
H5	Frequency of stool nLr fdrusgls jgagS	<input type="checkbox"/>	8-10 times a day fnu ea8&10 ckj glsjgagS
H6	Quantity of stool nLr dh ek=k\	<input type="checkbox"/>	Small, but frequent. de] yfdu ckj ckj
H7	Blood / mucus in the stools nLr ea dkbZ [ku ; k vkp gS	<input type="checkbox"/>	No UkgA
H8	Worms in stools? nLr ea dHs gS	<input type="checkbox"/>	No ugha
H9	Foul smelling? [kjkc cnck	<input type="checkbox"/>	Not particularly fo'kskr%ugha
H10	Does he complain of stomachache? D; k ml us iV nnZ dh f'kdk; r dh\	<input type="checkbox"/>	Occasionally / Not all the time. dHh&dHh@gj l e; ugha
H11	Does he cry while passing stools? D; k cPpk nLr djrs l e; jkrk gS	<input type="checkbox"/>	Sometimes dHh&dHh
H12	Does he have tears when he cries? D; k ml ds vki wvkrsga tc og jkrk gS	<input type="checkbox"/>	Yes gk
H13	Is the child weak now? D; k cPpk vc detkj gS	<input type="checkbox"/>	He is a little quieter than normal, but still plays about. og igys l sFkdk 'kr gS yfdu [kyrk gS
H14	Vomiting? mYVh\	<input type="checkbox"/>	No UkgA
H15	What are his feeding habits cPps dks D; k&D; k f[kykr fi ykrsgA	<input type="checkbox"/>	Dal, Chawal and milk from bottle. nky] pkoy Ekrk gS vS ckr y l snk i hrk gS

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H16	Is he breastfeeding? D; k og ek dk nkk i hrk gS	<input type="checkbox"/>	No; was weaned 6 months ago ugh 6 eghus i gys nkk Nkfk fn; k
H17	Is the child eating normally? D; k cPpk l kelu; [krk gS	<input type="checkbox"/>	Yes, but seems to have lost some appetite in last couple of days. gkyfdu fi Nys dN fnuks l s de [k jgk gS
H18	What did the mother eat last night? ekMus fi Nyh jkr D; k [k; k Fk\	<input type="checkbox"/>	Dal chawal and roti nky] pkoy vlg jk/h
H19	Is the child drinking a lot of water? How many glasses of water does he drink? D; k cPpk cgr l k i kuh ih jgk gS og fdrusfxykl i kuh i hrk gS	<input type="checkbox"/>	Yes; about 5-6 glasses a day gk(, d fnu ea yxlkx 5&6 fxykl
H20	How many times do you give him milk from the feeding bottle vki ml sclry l s fdruh clkj nkk fi ykrs gS	<input type="checkbox"/>	2-3 times a day , d fnu ea 2&3 clkj
H21	Do you boil the feeding bottle D; k vki nkk dh clry dks mckyrsgS	<input type="checkbox"/>	Yes gk
H22	Where do you get your drinking water from? vki i hus dk i kuh dgkMI s yrs gS	<input type="checkbox"/>	Handpump/Well gMI Ei @ dtk
H23	Do you boil your drinking water? D; k vki vi us i hus ds i kuh dks mckyrsgS	<input type="checkbox"/>	No ugha
H24	Do you have a toilet in your house or do you go to the fields? D; k vki ds ?kj ea 'kpk; gS; k D; k vki Ey sea tkrsgS	<input type="checkbox"/>	Pit Latrine x<<s okyk 'kpk; gS
H25	Is your house a pucca or kachha house D; k vki dk ?kj i Ddk gS; k dPpk	<input type="checkbox"/>	Pucca – cement i Ddk l heV dk gS
H26	Does the child eat mud? Does the child play in the mud? D; k cPpk feVh [krk gS @ D; k cPpk feVh ea [kyrk gS	<input type="checkbox"/>	He plays in mud, but he doesn't eat mud og feVh ea [kyrk gS yfdu og feVh ugha [krk
H27	Does the child bathe / change clothes daily D; k cPpk jst ugkrk gS @ jst kuk di Ms cnyrk gS	<input type="checkbox"/>	Yes gk
H28	Do you wash hands after going to toilet or before feeding the child D; k vki 'kpk; t kus ds ckn ; k cPps dks f [kykus l s i gys gkfk /krsgS	<input type="checkbox"/>	Yes, always. gkll geskk
H29	Is the child fussy? D; k cPpk fpMfpMk gS	<input type="checkbox"/>	No ugha
H30	Is the child teething D; k cPps ds nkr vk jgs gS	<input type="checkbox"/>	No – he has all teeth ugh ml ds l hkr nkr vk ppls gS
H31	Does he complain of ear pain / is he pulling his ear D; k og dku eannz dh f'kdk; r djrk gS @ D; k og vi us dku [kp jgk gS	<input type="checkbox"/>	No ugha
H32	Are you giving him any medicines D; k vki ml s dkbz nokbz ns jgs gS	<input type="checkbox"/>	No ugha
H33	Have you given him ORS (jeevan ghol) D; k vki us ml s vskj, l ½ hou ?ky ½ fn; k gS	<input type="checkbox"/>	No ugha

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H34	Have you given him anything else so far D;k vki us ml svHh rd dN vG fn;k gS	<input type="checkbox"/>	No ugha
H35	Why have you come to me vki ejs ikl D;k vk; sgâ	<input type="checkbox"/>	Your reputation + worried about child vki dk dkQh uke I qk gS vj e>svi us cPps dh fprk gk jgh FkA

E	Relevant Examination Section mi ; Ør fujh(k.k I Ø'ku		
E1	Length of child cPps dh yabz	<input type="checkbox"/>	90 cm 90 I eh
E2	Weight of Child cPps dk otu	<input type="checkbox"/>	11 Kilograms 11 fdy[®]te
E3	Respiration Rate I k dh nj	<input type="checkbox"/>	25 per minute 25 ifr feuV
E4	Auscultation of chest and heart Nkrh vj fny dh xrh dk ijh(k.k	<input type="checkbox"/>	Normal I keW;
E5	Pulse Rate uct nj	<input type="checkbox"/>	105 beats/ minute 105 chVI @feuv
E6	Temperature rki eku	<input type="checkbox"/>	98.6 F 98.6 QjugkbV
E7	Mucous membranes for moistness ueh dsfy, E; ml efcbl dh tkp	<input type="checkbox"/>	Mildly dry Fkdk I vk
E8	Skin color and turgor Ropk dk ja vj Vkj	<input type="checkbox"/>	Color and turgor is normal, there is no cyanosis ja vj Vkj I keW; g\$; gkldkbZ I k; ufl I %hyki u% ugha gS
E9	Palpation of the Abdomen i/ dk mxfy; k l snckdj ijh(k.k	<input type="checkbox"/>	Normal; Child does not cry when abdomen is palpated I keW; (i/ nckus I s cPpk jk k ugha gS
E10	Reflexes cPps dh ifrdz; k	<input type="checkbox"/>	Normal I keW;
E11	Mouth Examination ega dk ijh(k.k	<input type="checkbox"/>	Normal I keW;
E12	Child has long nails cPps ds uk[ku ya sgS	<input type="checkbox"/>	No ugha
I	Investigation Section [kst I Ø'ku		
I1	Blood for serum electrolytes fl je byDVkykVI	<input type="checkbox"/>	Normal I keW;
I2	TLC Vh, yI h	<input type="checkbox"/>	10000 per microliter 10000 ifr ekbØ'yhVj
I3	WBC differential (percentage of each type of white blood cell) MCY; whl h foHkurk % Qn jDr d.kads iR; d idkj dk ifr'kr%		
I3.a	neutrophils, U; WkQYI	<input type="checkbox"/>	30%
I3.b	eosinophils b; kI ukQYI	<input type="checkbox"/>	1%
I3.c	lymphocytes fyEQld kbVI	<input type="checkbox"/>	50%

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I3.d	monocytes ekuls I kbVI	<input type="checkbox"/>	4%
I4	Blood for Hb. ,pch dsfy, [ku	<input type="checkbox"/>	10g/dl
I5	Stool Test nLr tlp	<input type="checkbox"/>	No pus / mucous cells in stool nLr eadkb/Hh il @E; dl lyl etm ugh gA No Evidence of Worm Infestation nLr eadHsetm ughagA No evidence of Amoeba nLr eavehck ijthoh etm ughagA
I6	Did provider ask any new question / perform any examinations not mentioned in the module? D;k ikokMj usekM; y eaughafn; sx; sizu ; k ijh{k.k dsfy, iWk 1=Yes gW 2= No ugh	<input type="checkbox"/>	<i>If no go to treatment section ;fn ughar" mipkj l@'ku ij tk; a</i>
I7	If Yes, Question Type: ;fn gkVr" izu dk idkj 1=History bfrgkl 2=Examination ijh{k.k	<input type="checkbox"/>	Questions izu
	<input type="checkbox"/>	a.	Vernacular
	<input type="checkbox"/>		English
	<input type="checkbox"/>	b.	Vernacular
	<input type="checkbox"/>		English
	<input type="checkbox"/>	c.	Vernacular
	<input type="checkbox"/>		English
	<input type="checkbox"/>	d.	Vernacular
	<input type="checkbox"/>		English
	<input type="checkbox"/>	e.	Vernacular
	<input type="checkbox"/>		English

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		Treatment Section mi pkj l 0'ku				
D1	On the basis of tests and examinations, would you be able to say what this patient is suffering from? V&V v&g ijh(k.k ds vk/kkj ij] D: k vki crk; xatd bl ejht dksD; k gqk g\	Vernacular				
		English				
T1	What medicines would you give to this patient vki bl ejht dksD; k nokbz nxa <i>Note : write medicine name in Capital letters</i> fun&k% nokbz "a d&uke v&h d& d&i Vy y&l eafy&l	Medicines nokbz k	# of tablets Vsy& dh l &; k	Times per day i frnu fdruh clj	# of days fnuls dh l &; k	Medicine code nokbz dk cl&l
		1.				
		2.				
		3.				
		4.				
T2	Recommendation to feed child as much and not cut back cPps dks ft ruk vko'; d gks mruh ek=k eaf [kykus v&g dV&h ugha djus dh l ykg (Record Yes gk=1, No ugha=2)	<input type="checkbox"/>				
T3	Oral Re-hydration solution (ORS or jeevango) by Electral (or other commercial formula) in water v&g y fj&gkbM&ku l k; wku %/s/kj, l ; k thou ?k&y % ikuh ea by&v y % k vl; futh d&i uh; ka dk ?k&y % nsis dh l ykg (Record Yes gk=1, No ugha=2)	<input type="checkbox"/> <i>If no go to T6 ; fn ugha T6 ij tk; a</i>				
T4	If T3 above was done, were instructions given for preparing ORS? ; fn mij gk g&r" D; k v&v/kj, l dks r& kj djus ds fun&k fn; s Fl& (Record Yes gk=1, No ugha=2)	<input type="checkbox"/>				
T5	If T3 above was done, were instructions given for boiling water? ; fn mij Vh& gk g&r" D; k mcys ikuh ds fy, fun&k fn; s x; s Fl& (Record Yes gk=1, No ugha=2)	<input type="checkbox"/>				
T6	Oral Rehydration solution (ORS or jeevan ghol) by salt, sugar and lemon in water v&g y fj&gkbM&ku l k; qku %/s/kj, l ; k thou ?k&y % ikuh ea ued] puh v&g uh&wfeykdj nsis dh l ykg (Record Yes gk=1, No ugha=2)	<input type="checkbox"/> <i>If no go to T9 ; fn ugha T9 ij tk; a</i>				
T7	If T6 above was done, were instructions given on how to prepare the ORS? ; fn mij Vh& e&gk g&r" D; k ml ?k&y dks cukus ds fun&k fn; s x; s Fl& (Record Yes gk=1, No ugha=2)	<input type="checkbox"/>				
T8	If T6 above was done, were instructions given for boiling water? ; fn mij Vh& gk g&r" D; k mcys ikuh ds fy, fun&k fn; s x; s Fl& (Record Yes gk=1, No ugha=2)	<input type="checkbox"/>				
T9	Recommendations on when to return or how to recognize a worsening situation Lk&ko fn; k fd dc n&kjk vkuk g& ; k [kjc fl&f&r dk d& s irk yxkuk g& (Record Yes gk=1, No ugha=2)	<input type="checkbox"/>				
T10	Dietary recommendations [kku iku dk l &ko (Record Yes gk=1, No ugha=2)	<input type="checkbox"/>				
T11	Other recommendations, including hygiene LoPNrk l fgr vl; l &ko 'kkfey (Record Yes gk=1, No ugha=2)	<input type="checkbox"/>				

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T12	Recommendation for referral jQjy dsfy, dgk\ (Record Yes gk =1, No ugha =2)	<input type="checkbox"/>				
PT1	Doctor, are any of the medicines you mentioned above antibiotics MkVj] D; k Aij crk; h x; h nokA; ka eal s dkbZ , Uvhck; kVVDI gS (Record Yes gk =1, No ugha =2)	<input type="checkbox"/> If yes go to PT3 ;fn gk r" PT3 ij tk;a				
PT2	If not, would you give antibiotics as well? ;fn ugha D; k vki dkbZ , Uvhck; kVVDI nxa (Record Yes gk =1, No ugha =2)	<input type="checkbox"/>				
PT3	Dr., are any of these medicines anti-Diarrhoeal MkVj] D; k bues l s dkbZ nokbZ , vHmk; fj; y gS (Record Yes gk =1, No ugha =2)	<input type="checkbox"/> If yes go to PT5 ;fn gk r" PT5 ij tk;a				
PT4	If not, would you give anti-Diarrhoeal as well? ;fn ugha D; k vki , vHmk; fj; y Hh nxa (Record Yes gk =1, No ugha =2)	<input type="checkbox"/>				
PT5	If this patient was very poor, what tests would you recommend? (To be asked only if tests were recommended) ;fn ;g ejht cgr xjhc gk rks vki ml sfdl VEV dk l q-ko nxa 1= Same treatment l eku bykt 2= Different treatment vyx bykt 3= Refer jQj	<input type="checkbox"/> If 1 or 3 go to PT7 ;fn 1 ;k 3 r" PT7 ij tk;a				
PT6	If different test, what tests would you recommend? ;fn vyx VEV] rks vki ml sfdl VEV dk l q-ko nxa	1. Vernacular				
		English				
		2. Vernacular				
		English				
		3. Vernacular				
PT7	If this patient was very poor, what medications would you recommend? ;fn ;g ejht cgr xjhc gk rks vki fdu nokv dck l q-ko nxa 1= Same treatment l eku bykt 2= Different treatment vyx bykt 3= Refer jQj	<input type="checkbox"/> If 2 go to PT8 ;fn 2 r" PT8 ij tk;a				
PT8	If the treatment is different, what medicine would you give to this patient. ;fn vyx bykt nax rls ejht dks dck l h nokbZ ka nxa Note : write medicine name in Capital letters fun k% nokbZ "a d t uke vax h d t d f i Vy y v l ea fy E	Medicines nokbZ k	No. of tablets Vcy dh l k ; k	Times per day i frnu fdruh clj	No. of days fnuls dh l k ; k	Medicine code nokbZ dck dck
		1.				
		2.				
		3.				
		4.				
PT9	How much first time would you charge for this patient? (including Medicine) vki bl ejht+l sigyh clj fdruk 'kd yxa (nokbZ l fgr)	Rupees <input type="text"/> <input type="text"/> <input type="text"/>				

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Case III: A young father brings his two year old male child to you; they will comply with all tests and medications you recommend. If necessary, the patient can return to your clinic as well.

dl III%, d ;pk fir k vi us nks l ky ds yMels dks vki ds ikl ysdj vkrk g\$ oks l Hh VLV vlsj nokbz yxa tks vki iLRMfor djxkA ;fn t: jr gks r® ejht vki ds fDyfud ij nkskj k Hh vk l drk gA

Father: “Doctor, my child has been suffering from fever and cough for the last five days. He seems like he is also has some breathing trouble (*baccha sans nahi le paa raha hai*) Please give him some treatment.”

firk%~MKWVj l kgc ejs cPps dks fi Nys i k p fnuks l sc fKj vlsj [kq l h gA ml s l kd ysusea Hh i js kuh g” jgh gA d bzl nokbz n nft ; \$

Question Number l oky l f ; k	Type of Questions l oky k d k i d k j	Provider Response Asked 1 Did not Ask 2 i k o k M j u s i k k % ugha i k k %	Patient Record ejht dk fjd k M Z
H	History Section b f r g k l l O ' k u		
H1	Is it a high fever? D; k c f k j r s t g \$	<input type="checkbox"/>	Yes, the child is burning to touch g k j c P p s d k ' k j h j N u s i j c g r x e z g \$
H2	Is the cough continuous? D; k [kq l h y x r k j g \$	<input type="checkbox"/>	Yes g k j
H3	Does the cough increase at night? D; k [kq l h j k r e a c < + t k r h g \$	<input type="checkbox"/>	No, it is same in day and night. u g h j f n u & j k r , d t s h j g r h g \$
H4	Did both the fever and cough start five days ago? D; k c f k j v l s j [kq l h n k u s i k p f n u s i g y s ' k q g p \$	<input type="checkbox"/>	Yes, he was fine before then. g k j o g b l l s i g y s B h d F k k A
H5	Does he have a runny nose? / Is his nose blocked? D; k m l d h u k d c g r h g \$ D; k m l d h u k d c n g \$	<input type="checkbox"/>	No u g h a
H6	Does he have any vomiting? D; k o g m Y V h d j j g k g \$	<input type="checkbox"/>	Yes – he vomited a couple of times since yesterday. g k j m l u s d y l s d b z c k j m Y V h d h g \$
H7	Does vomiting follow only after cough? D; k m Y V h [kq l h d s c k n g h g r h g \$	<input type="checkbox"/>	Yes g k j
H8	Is he easily irritable? D; k o g t Y n h f p M f P M k g k t k r k g \$	<input type="checkbox"/>	Yes g k j
H9	Is he sleeping normally? D; k o g B h d l s l @ j g k g \$	<input type="checkbox"/>	He has been more sleepy over the past few days and not very responsive recently – it has been difficult to wake him up. o g T ; k n k l s j g k g s v l s j T ; k n k t o k c u g h a n s j g k g & m l s m B k u k c g r e f ' d y g \$
H10	Has he been breathing rapidly? D; k o g r s t h l s l k l y s j g k g \$	<input type="checkbox"/>	Yes g k j
H11	How rapidly? f d r u h r s t h l \$	<input type="checkbox"/>	Don't know – but it looks like he is out of breath u g h a t k u r & y f d u y x r k g s f d m l s l k l u g h a v k j g h g \$
H12	Does his nostrils appear to be flaring when he is breathing? t c o g l k l y s j g k g k s r k s D; k u k d Q w y t k r h g \$ \	<input type="checkbox"/>	Yes g k j

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H13	Have you noticed if skin between his ribs, or his/her tummy move inwards when he breathes D; k vki us i l fy; "ads chp dh Ropk ij /; ku fn; k ; k ml dk i\ fgyrk gS tc og l kl yrk gS	<input type="checkbox"/>	Yes, he seems to be straining gk oks [kprk gprk yxrk gS
H14	Have you noticed if his neck muscles are straining or standing out more? D; k vki us n [k gafd ml dh xnzu dh eka i s'k; k ckj f [kph gpl gS; k muearuko gS	<input type="checkbox"/>	Yes gk
H15	Has he complained of chest pain? D; k og Nkrh eannz crkrk gS	<input type="checkbox"/>	Yes gk
H16	Does he have headache? D; k ml sfl jnnz gS	<input type="checkbox"/>	Yes gk
H17	You mentioned he had difficulty in breathing – has that been getting progressively worse over the past 5 days? vki us crk; k fd ml s l kl ysusea ijskuh gS; D; k ; g fi Nys 5 fnuks l s T, knk fcxM+ Xk; h gS	<input type="checkbox"/>	It happened last night and has been present ever since. ; g fi Nyh jkr l sgh gS
H18	Any particular sounds that he made since he started having difficulty breathing? tc ml s l kl ysusea ijskuh gkrh gS rc D; k dkbz fo'ksk vkokt+gkrh gS\	<input type="checkbox"/>	Harsh sound when he is breathing EMEM+ dh vkokt vkrh gS tc og l kl yrk gS
H19	Did you notice if his fingernails, hands or toes changed colour? D; k vki us ml ds gkfk ml ds uk [kuka ; k ij ds i a "ads jx dscnyus ij /; ku fn; k\	<input type="checkbox"/>	Yes, his finger nails were dark gk ml ds uk [kua dkys i M+ x; s gS
H20	What did you do for him last night when he started to have this breathing difficulty? tc fi Nyh jkr l kl ysusea ijskuh gks jgh Fkh rc vki us ml ds fy, D; k fd; k\	<input type="checkbox"/>	Kept him warm ml sxje j [k
H21	Did he have loose motions? D; k ml snlr gq s fka	<input type="checkbox"/>	Yes. A couple of times in last two days gk fi Nys nks fnu eadbl ckj gks pps gS
H22	Did the children he plays with have similar fever and cough? ftu cPp ads l kfk [kyrk gS; k muea l s fdl h d' , d k gh c [kj vls [kl h gS	<input type="checkbox"/>	No ugha
H23	Does he have stomach ache? D; k ml s i\ nnz gS	<input type="checkbox"/>	No ugha
H24	Has he coughed blood? D; k ml dh [kl h ea [kua vkrk gS	<input type="checkbox"/>	No ugha
H25	Does he have any allergies? D; k ml s dkbz , ythz gS	<input type="checkbox"/>	No ugha
H26	Has he had breathlessness in the past? D; k ml sigys Hh dhk l kl ysusea ijskuh gpl Fkh\	<input type="checkbox"/>	No ugha
H27	Does anyone in your family suffer from asthma D; k vki ds ifjokj eafdl h dks nek gS	<input type="checkbox"/>	No ugha
H28	Has he had any fits? D; k ml s dhk nks i Ms gS	<input type="checkbox"/>	No ugha

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H29	Is the child eating normally? D; k cPpk l kkl; rky ij [k jgk gS	<input type="checkbox"/>	No – he seems to have lost his appetite after the fever started. Ughh c[kkj gkus dscln yxrk gSmI dh Huk de gks x; h gS
H30	What are his feeding habits cPps dks D; k&D; k f[kykrf i ykrf gla	<input type="checkbox"/>	Dal, Chawal and milk from bottle. nky] pkoy Ekrk gSvkj clry l snik i hrk gS
H31	How many times do you give him milk from the feeding bottle vki ml sclry l sfdruh ckj nmk fi ykrf gS	<input type="checkbox"/>	2-3 times a day; but he hasn't been drinking much lately , d fnu ea2&3 ckj(yfdu og T; knk nj rd ih ugha i krk gS
H32	Do you boil the feeding bottle D; k vki nmk dh clry dks mkyrs gS	<input type="checkbox"/>	Yes gk
H33	Where do you get your drinking water from? vki vius ihus dk i kuh dgk l s ykrf gS	<input type="checkbox"/>	Handpump/Well gMi Ei @dqk
H34	Do you boil your drinking water? D; k vki vius ihus ds i kuh dks mkyrs gS	<input type="checkbox"/>	No ugh
H35	Is the child weak now? D; k cPpk vhh detkj gS	<input type="checkbox"/>	Yes – he is not interested in playing and only wants to lie down. gkj E.y ugha jgk gS T; knk yvk jgrk gS
H36	Have you given him anything cold to eat D; k vki usml s dN BMh pht+ [kus dks nh\	<input type="checkbox"/>	No ugh
H37	Is there any change in frequency of urine? D; k isk kc djust ds varjky ead' A cnyko vk; k gS	<input type="checkbox"/>	Yes, there is decrease in frequency of urination gkj isk kc igys l sde dj jgk gS
H38	Does he have tears when he cries? tc og jkrk gS rks D; k ml ds vkj wvkrf gS	<input type="checkbox"/>	No ugh
H39	Is he breastfeeding? D; k og ek dk nmk i hrk gS	<input type="checkbox"/>	No; was weaned over a year ago ugh, d l ky igys Nqlk fn; ka
H40	How long was he breastfed? ml usfdrus l e; rd ek dk nmk ih; k gS	<input type="checkbox"/>	For about 4 months yxhix 4 eghus rd
H41	Was he fully immunized? Did he get his MMR vaccine? D; k ml s i js Vhds yxs gq s gS D; k ml s ,e, evkj dk Vhdk yxk gS	<input type="checkbox"/>	No; did not get MMR ugh, e, evkj dk Vhdk ugha yxk
H42	Do you recall what his birth weight was? D; k vki d ^o ; kn gS tle ds l e; ml dk otu fdruk Fk\	<input type="checkbox"/>	2-4 fdykxte
H43	Is this your first child? D; k ; g vki dk igyk cPpk gS	<input type="checkbox"/>	Yes gk
H44	Is the child teething D; k cPps ds nkf vk jg s gS	<input type="checkbox"/>	No – he has all teeth ugh; ml ds l hkh nk vk pps gS
H45	Does he complain of ear pain / is he pulling his ear D; k og dku eannz crkrk gS D; k og vius dku [khp jgk gS	<input type="checkbox"/>	No ugh
H46	Are you giving him any medicines D; k vki ml s dkbz nokbz ns jg s gS	<input type="checkbox"/>	No; we stopped <i>desi</i> medicines two days ago. ugh geus nks fnu igys nd h nokbz can dj nh
H47	Have you shown him to any other doctor? D; k vki usml sfdl h vu; MKVj dks fn [k; k gS	<input type="checkbox"/>	Yes, we had taken him to the village doctor when he first got fever; he gave some <i>desi</i> medicines – it hasn't improved. gkj ml s xkp ea MKVj ds ikl ydj x; s fls tc ml s igys fnu c[kkj gqk Fk ml us dN nd h nokbz nh & ml l s dkbz vkjke ugha gq/ka

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H48	Do you (father) smoke? D; k vki ¼i r k ½ / k e i k u d j r s g a	<input type="checkbox"/>	Yes g k
H49	Do you have a Chula at home? D; k vki d s ? k j e a p i v g k g s	<input type="checkbox"/>	Yes g k
H50	Is your house a pucca or kachha house D; k vki d k ? k j i D d k g s ; k d P p k	<input type="checkbox"/>	Pucca – cement i D d k & i h e t v d k g s
H51	Do you have a toilet in your house / do you go to the fields? D; k vki d s ? k j e a ' k o p k y ; g s @ D ; k vki [k a y s e a t k r s g a	<input type="checkbox"/>	Pit Latrine x M < s o k y k ' k o p k y ; g a
H52	Why have you come to me? vki e j s i k l D ; k a v k ; s g a	<input type="checkbox"/>	Your reputation + worried about child vki d k d k Q h u k e I o k g s v l s e > s v i u s c P p s d h f p r k g l s j g h F k a

E	Relevant Examination Section mi ; o r f u j h (k . k I O ' k u		
E1	Length of child c P p s d h y a k b l	<input type="checkbox"/>	86 cm 86 I a h
E2	Weight of Child c P p s d k o t u	<input type="checkbox"/>	11 Kilograms 11 f d x k
E3	Respiration Rate I k l d h n j	<input type="checkbox"/>	50 per minute 50 i f r f e u v
E4	Auscultation of chest and heart N k r h v l s f n y d h x r h d k i j h (k . k	<input type="checkbox"/>	Heart sounds normal. Crackling sound in right lung f n y d h v k o k t I k e l u ; g a n k ; a Q Q M s e a [k M f k M k g v d h v k o k t g s
E5	Pulse Rate u c t n j	<input type="checkbox"/>	140 beats/ minute 140 c h v l @ f e u v
E6	Temperature r k i e k u	<input type="checkbox"/>	101 F 101 O j u g k b l
E7	Mucous membranes for moistness u e h d s f y , E ; w l e f c a l d h t k p	<input type="checkbox"/>	Dry, cracked lips and dry mucous membranes I v l s , o a Q V s g q g l s v l s E t d E ; w l e f c a l g s
E8	Skin color and turgor R o p k d k j a x v l s V x j	<input type="checkbox"/>	Turgor is a bit decreased, there is mild cyanosis seen on fingertips V x j F k M k ? k v k g a k g s m a x f y ; k a i j g y d k I k ; u f l I u h y k i u ½ g s
E9	Examination of chest N k r h d k i j h (k . k	<input type="checkbox"/>	Lower chest is drawn in during inspiration. On percussion, lower right side of chest is dull. No wheezes when child is calm I k l y u s d s n l s k u N k r h v a j p y h t k r h g a N k r h F k i d k u s i j f u p y h n a h v l s d h N k r h d h v k o k t + M y g a c P p s d s ' k a r j g u s i j I h v h d h v k o k t u g h a g l r h g a
E10	Palpation of the Abdomen i v d l s m a x f y ; k a l s n c k d j n s [k u k	<input type="checkbox"/>	Normal; Child does not cry when abdomen is palpated I k e l u ; (c P p k j k r k u g h a g s t c i v / n c k ; k t k r k g s
E11	Reflexes c P p s d h i f r f d z k	<input type="checkbox"/>	Normal I k e l u ;
E12	Mouth examination e g d k i j h (k . k	<input type="checkbox"/>	Dry tongue, lips and mucous membranes t c k u j g l s v l s E ; w l e f c a l I v l s g s
E13	Throat examination x y s d k i j h (k . k	<input type="checkbox"/>	No swelling of the tonsils, some redness in the back of the throat and red dots on hard palate. V k l l i y e a l t u u g h a g s x y s d k f i N y s f g l l i s e a d n y k y h g s v l s r k y w i j y k y n l x g a

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I	Investigations Section lkj{k.k l Ø'ku			
I1	Chest X-Ray Nkrh dk ,DI js	<input type="checkbox"/>	Show x-ray ,DI jsfn[kk, a	
I2	Hb ghklykchu	<input type="checkbox"/>	7.2 g/dl 7.2 xke@Mfi fyVj	
I3	Mean Corpuscular Volume d'jiLlØ; yj okl; e	<input type="checkbox"/>	72	
I4	TLC Vh ,y l h	<input type="checkbox"/>	15000 per microliter 15000 ifr ekbØ"yHj	
I5	WBC differential (percentage of each type of white blood cell) DLC MCV; whl h fofHlurk ¼ On jDr d.kk ds iR; d izlkj dk ifr'kr½Mh ,y l h			
I5.a	neutrophils, U; WkQYI	<input type="checkbox"/>	84%	
I5.b	basophils cd kQYI	<input type="checkbox"/>	2%	
I5.c	eosinophils b; kfi ukQYI	<input type="checkbox"/>	1%	
I5.d	lymphocytes fyEQkl kbVI	<input type="checkbox"/>	10%	
I5.e	monocytes ekuls l kbVI	<input type="checkbox"/>	3%	
I5.f	Platelet count ly/y/ ek=k	<input type="checkbox"/>	362,000 per microliter 362,000 ifr ekbØ"yHj	
I5	Did provider ask any new question /perform any examinations not mentioned in the module? D; k ikokMj usekM; y eaughafn; sx; s izu ; k ijh{k.k dsfy, iNk 1=Yes gkV 2=No ugh	<input type="checkbox"/>	<i>If no go to treatment section ;fn ughar" mipkj l Ø'ku ij tk; a</i>	
I6	If Yes, Question Type ;fn gkV izu dk izlkj 1=History bfrgkl 2=Examination ijh{k.k	Questions izu		
	<input type="checkbox"/>	a.	Vernacular	
				English
	<input type="checkbox"/>	b.	Vernacular	
				English
	<input type="checkbox"/>	c.	Vernacular	
				English
<input type="checkbox"/>	d.	Vernacular		
			English	
<input type="checkbox"/>	e.	Vernacular		
			English	

VIGNETTE MODULE

Treatment Section mi pkj l 0'ku						
D1	<p>On the basis of tests and examinations, would you be able to say what this patient is suffering from?</p> <p>V&V vlg ifj{k.k ds vk/kj ij} D;k vki crk; xafd bl ejht dks D;k gq/k gS</p>	<i>Vernacular</i>				
		<i>English</i>				
T1	<p>What medicines would you give to this patient vki bl ejht dks D;k nokbz nxa</p> <p><i>Note : write medicine name in Capital letters</i> funf k% nokbz a d t uke vxat h dt d fi Vy yvl l ea fyEa</p>	Medicines nokbz k	No. of tablets Vcyvl dh l t ; k	Times per day ifrfnu fdruh clj	No. of days fnuls dh l t ; k	Medicine code nokbz dk dkt
		1.				
		2.				
		3.				
		4.				
T2	<p>Recommendation for referral jQjy dsfy, dgk\ <u>Record 1= Yes gk or 2= No ugh</u></p>	<input type="checkbox"/>				
T3	<p>Recommendation for hospitalization vLirky ea krh dsfy, dgk\ <u>(Record 1= Yes gk or 2= No ugh)</u></p>	<input type="checkbox"/>				
T4	<p>Recommendations on when to return or how to recognize a worsening situation dc oki l vk; a ; k [kjkc fLFkr dk d s i rk yxk; adh fl Qkfj'k <u>(Record 1= Yes gk or 2= No ugh)</u></p>	<input type="checkbox"/>				
T5	<p>Dietary recommendations [ku&i ku dk l o ko fn; k\ <u>(Record 1= Yes gk or 2= No ugh)</u></p>	<input type="checkbox"/>				
T6	<p>Other recommendations, including hygiene LoPNrk l fgr vU; l o ko fn; k\ <u>(Record 1= Yes gk or 2= No ugh)</u></p>	<input type="checkbox"/>				
PT1	<p><i>Doctor, are any of the medicines you mentioned above antibiotics?</i> MkVj D;k Aj crk; h x; h nokA; ka ea l s dkbz , Uvhck; kVDI gS <u>(Record 1= Yes gk or 2= No ugh)</u></p>	<input type="checkbox"/> if yes go to PT3 ; fn gkSr PT3 ij tk; s				
PT2	<p><i>If not, would you give antibiotics as well?</i> ; fn ugh D;k vki dkbz , Uvhck; kVDI nxa <u>(Record 1= Yes gk or 2= No ugh)</u></p>	<input type="checkbox"/>				
PT3	<p><i>If this patient was very poor, what tests would you recommend?</i> (To be asked only if tests were recommended) ; fn ; g ejht cgr xjhc gk rksvki ml sfdl V&V dk l o ko nxa 1/4 g l oky dpy rkh iNa ; fn MkVj uc igys d A V&V dk l o ko fn; k gk 1= Same test l eku V&V 2= Different test vyx V&V 3= No test d A V&V ugh</p>	<input type="checkbox"/> If 1 or 3 go to PT5 ; fn 1 ; k 3 r PT5 ij tk; a				

VIGNETTE MODULE

PT4	<p><i>If different test, what tests would you recommend?</i></p> <p>;fn vvx V&V] rks vki ml sfdl V&V dk l qko n&A</p>	1. Vernacular																									
		English																									
		2. Vernacular																									
		English																									
		3. Vernacular																									
		English																									
PT5	<p><i>If this patient was very poor, what medications would you recommend?</i></p> <p>;fn ;g ejht cgr xjhc gl rks vki fdu nokvka dk l qko n&A</p> <p>1= Same treatment l eku bykt 2= Different treatment vyx bykt 3= Refer j&J</p>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <p>If 2 go to PT6 ;fn 2 r PT6 ij tk;s</p>																									
PT6	<p><i>If the treatment is different, what medicine would you give to this patient.</i></p> <p>;fn vvx bykt n&srks ejht dks d&u l h nokb& ka n&A</p> <p><i>Note : write medicine name in Capital letters</i> fun&k% nokb& "a d& uke v&t h d& d&i Vy y&l l ea fy&A</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Medicines nokb& k</th> <th style="width: 10%;">No. of tablets Vcy&l dh l &; k</th> <th style="width: 10%;">Times per day i frnu fdruh clj</th> <th style="width: 10%;">No. of days fnuls dh l &; k</th> <th style="width: 30%;">Medicine code nokb& dk d&M</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Medicines nokb& k	No. of tablets Vcy&l dh l &; k	Times per day i frnu fdruh clj	No. of days fnuls dh l &; k	Medicine code nokb& dk d&M	1.					2.					3.					4.				
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1.																											
2.																											
3.																											
4.																											
PT7	<p><i>How much first time would you charge for this patient? (including Medicine)</i></p> <p>vki bl ejht+l sigyh clj fdruk 'k&d ys& (nokb& l fgr)</p>	Rupees <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>																									